CITY OF MONTGOMERY APPLICATION FOR SALES TAX REGISTRATION

For Office Use Only:		License Accour	nt Number:		
City Sales Tax #	Ву				
	CH LINE APPLICABLE TO YOU APPLICATION IS COMPLETED		R SALES TA	X REGISTRATION	I NUMBER WILL
Federal Employer Identificati	on Number (FEIN)		ama State Sa	ıles Tax No	
Name of person(s), firm, corp	poration, association, co-partnersh	nip making application			
Trade name and company			and and advisors of March 1971 February		
Mailing address of home office		P.O. Box or Street and No. or R.F.D.			
City	County	State		Zip Code	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Number of businesses in Mo	ntgomery ————Location ————	*Address	City	State	Zip
*Location must be exact stre of application to list locations	et number or if on highway or rura :.	ıl route give details as to	location. If m	ore than one location	n, use reverse side
Check one of following for lo	: ☐ Corporate Limits of City ☐ Police Jurisdiction ☐ Outside Corporate Limits and Police Jurisdiction				
Type of Business:		re, Drug Store, Retail St	ore, Etc.		
In addition please check:	Principally Wholesale	☐ Principally Reta☐ Other			
State whether corp, partners	hip, or individually owned: (Corporations must attac				
Partnerships - List name, ho	de, home address, Social Security ome address, Social Security No. a me, home address, Social Securit	and D.O.B. of each parti y No. and D.O.B. of owi	ner. ner.		
	applicable):				, y y y a mar y , y a mar a
Date sales began / to begin i	in Montgomery City:				
·	S THE ORIGINAL SIGNATURE(S) OF		·		
Signed		Sianed			
	Date	J			